



Nebraska Public Employees Retirement Systems

1221 N Street, Suite 325

P.O. Box 94816

Lincoln, NE 68509

402-471-2053

800-245-5712

Fax: 402-471-9493

Name <small>Last First Middle</small>		Date of Birth - -	Plan Type <small>(Check One)</small>
Social Security Number - -		Retirement Number	<input type="checkbox"/> School
Address		City State Zip	
Home Phone	Work Phone	Employer	

School Verification of Salary

To determine the appropriate salaries to use when calculating this member's future retirement benefit, please answer the following questions for the last six (6) years:

1. a. What is/was this member's position(s) in your school? _____
b. How long was the above position(s) held (list specific years)? _____
2. Is/was this member an:
a. Hourly Employee ☐ YES ☐ NO Position: _____ Year(s): _____
b. Hourly Employee ☐ YES ☐ NO Position: _____ Year(s): _____

NOTE: Questions #3 and #4 are only contract or salary employees.

3. a. This member is/was required to physically work for one of the following periods:
☐ 9 months ☐ 10 months ☐ 11 months ☐ 12 months Position: _____ Year(s): _____
☐ 9 months ☐ 10 months ☐ 11 months ☐ 12 months Position: _____ Year(s): _____
b. Designate below the beginning and ending months of their standard work period(s) for each position worked:
BEGINNING _____ ENDING _____ Position: _____ Year(s): _____
BEGINNING _____ ENDING _____ Position: _____ Year(s): _____
4. This member's pay is/was distributed over one of the following periods:
☐ 9 months ☐ 10 months ☐ 11 months ☐ 12 months Position: _____ Year(s): _____
☐ 9 months ☐ 10 months ☐ 11 months ☐ 12 months Position: _____ Year(s): _____
5. a. If this member is/was an hourly or salary employee working on a 9, 10 or 11 month basis, did he/she work **ADDITIONAL** time during any of the following months? If yes, please indicate below and **continue to page 2**
☐ June ☐ July ☐ August Year(s): _____
☐ June ☐ July ☐ August Year(s): _____

NOTE: if the member DID NOT work during any of the above months (outside of their standard work period see#3b), please skip the remaining questions on page 2 and sign and date the form at the bottom.

This page must be signed by a City or County Superintendent, Administrator, Personnel Director, or Authorized Reporting Agent.

Signature of School Official	Date
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5.) b. If you designated **ADDITIONAL** duties worked on question 5 a., please designate below each year the member physically worked during June, July and/or August, the salary paid for the time they worked and the hours worked only during that month. It is important that you review this member's work history, in your school, for the last six (6) years, if applicable, and complete the requested information below for **ADDITIONAL** duties during the last six (6) years:

NOTE: The salary listed below should NOT include contract pay that was earned during the standard school year but paid through the summer.

EXAMPLE: *Member was a teacher contracted on a 9 month basis, paid on a 12 month basis, yet taught Drivers Ed. during June & July. This duty was outside of their normal work period. Below are the hours and salary paid for this additional duty and when they were remitted to this office.*

[illegible]

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